PRE-DIABETES (363)

PARTICIPANT TYPE……BREASTFEEDING, DELIVERED WOMEN
HIGH RISK……YES

RISK DESCRIPTION:

Impaired fasting glucose and/or impaired glucose tolerance are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.

Impaired fasting glucose is defined as a fasting plasma glucose level between 100-125 mg/dl.

Impaired glucose tolerance is defined as a plasma glucose level of 140-199 mg/dl after a 2-hour oral glucose tolerance test.

Presence of pre-diabetes diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders.

ASK ABOUT:

- Attitude and knowledge about condition and treatment plans including diet, physical activity, and medications
- Barriers to following treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health care)
- Weight history and weight goal
- Metabolic control including blood sugar levels
- Frequency of self-monitoring of blood glucose
- Access to medical nutrition therapy provided by a registered dietitian
- Typical dietary intake including:
  - Carbohydrate
  - Saturated fat, trans fat and dietary cholesterol
  - Fiber
  - Consistency of carbohydrate intake from day to day
  - Meal and snack pattern
- Dietary supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Food-medication interactions
- Physical activity patterns

NUTRITION COUNSELING/EDUCATION TOPICS:

- An individual who is identified as having pre-diabetes is at relatively high risk for developing type 2 diabetes and cardiovascular disease.
- Impaired fasting glucose and impaired glucose tolerance are associated with metabolic syndrome which includes obesity (especially abdominal or visceral obesity), dyslipidemia (the high triglyceride and/or low HDL type), and hypertension.
- Medical nutrition therapy aimed at producing 5-10% loss of body weight and increased exercise has been demonstrated to prevent or delay the development of diabetes in people with impaired glucose tolerance. However, the potential impact of such interventions to reduce cardiovascular risk has not been examined.
- Provide counseling messages that support the medical nutrition therapy initiated by the primary care provider and clinical dietitian. Dietary recommendations include monitoring calorie intake, reduced carbohydrate intake and high fiber consumption.
- Identify the WIC foods that are consistent with the treatment plan including high fiber and low fat foods such as whole grains, fruits, vegetables and low fat dairy products.
- Determine and discuss an eating pattern appropriate for the participant's weight goal.
- Encourage regular physical activity.

POSSIBLE REFERRALS:

- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant requires in-depth nutritional intervention beyond the scope of WIC services, refer to primary care provider or a clinical dietitian with expertise in this area of practice.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.